

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000111463

FILED  
Apr 25, 2003  
Secretary of State

Entity Name: IMAGE MEDIA GROUP, INC.

## Current Principal Place of Business:

5620 CHIPOLA CIR.  
ORLANDO, FL 32839

## New Principal Place of Business:

145 SE FOURTH STREET  
SATELLITE BEACH, FL 32937

## Current Mailing Address:

5620 CHIPOLA CIR.  
ORLANDO, FL 32839

## New Mailing Address:

145 SE FOURTH STREET  
SATELLITE BEACH, FL 32937

FEI Number: 59-3619425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HITTINGER, KARL H  
5620 CHIPOLA CIR.  
ORLANDO, FL 32839

## Name and Address of New Registered Agent:

DAVIS, BILL  
145 SE FOURTH STREET  
SATELLITE BEACH, FL 32937

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BILL DAVIS

04/25/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIS, BILL  
Address: 5620 CHIPOLA CIR  
City-St-Zip: ORLANDO, FL 32839

Title: VP ( ) Delete  
Name: HITTINGER, KARL H  
Address: 5620 CHIPOLA CIRCLE  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DAVIS, BILL  
Address: 145 SE FOURTH STREET  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP (X) Change ( ) Addition  
Name: HITTINGER, KARL H  
Address: 510 LAKE SHORE DRIVE  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL DAVIS

P

04/25/2003

Electronic Signature of Signing Officer or Director

Date